CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

 Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

8	Questions from Administrative Law Judges may be submitted dir where the hearing took place, with a copy of the form directed to	ectly to	the CalFresh Policy ana	lyst assigned responsibility to the county
1.	RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation	5.	DATE OF REQUEST: 05/3/14	NEED RESPONSE BY: ASAP
	□ ac	6.	COUNTY/ORGANIZATION: Humboldt	
	Fair Hearing Other:	7. SUBJECT: Self Employment Expenses Deduction		
2.	REQUESTOR NAME: Mandy Gentle	8.	REFERENCES: (Include ACL	/ACIN, court cases, etc. in references) ve a regulation cite(s) and/or a reference(s).
3.	PHONE NO.: 707-268-2787	ACIN I-16-05, ACIN I-34-05, ACIN I-45-11		
4.	REGULATION CITE(S): 63-503.41			
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			
	If a client is reporting that they are self employed and that the we still give them the 40% standard self employment expense all self employment income given an expense either actually actual	nse d	eduction?	orated with their sem employment, de
10.	REQUESTOR'S PROPOSED ANSWER: If the client states that they have no expenses associated income with no expenses.	with t	eing self employed the	n we will use their self employment
11	STATE POLICY RESPONSE (CFPB USE ONLY):			
11,	MPP 63-503.413 states the individual shall choose either a deduction of 40 percent of gross earned income. In this case CWD would apply a deduction of \$0, however there are like strongly encourages the CWD to review with the client their	se the ely co	household chose to re sts of doing business g	eport their expenses of \$0 and the oing unaccounted for and CDSS
	FOR CI	DSS I	ISE	
DAT	E RECEIVED:		RESPONDED TO COUNTY/ALJ	

(TM)

1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:	
	Policy/Regulation Interpretation		7100		
	☐ QC ☐ Fair Hearing	6.	6. COUNTY/ORGANIZATION:		
		-			
	Other:	7. SUBJECT:			
2.	REQUESTOR NAME:	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).			
3.	PHONE NO.:				
4.	REGULATION CITE(S):	-			

CF 24 (7/12)